

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	7/26/05	2 Serial/Patent #	09/035,617	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input checked="" type="checkbox"/> Extension of Time		15	4/28/05	\$ 510 —
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 510 —	
10 REASON:		8 TO BE REFUNDED BY:		
<input type="checkbox"/> Overpayment		<input type="checkbox"/> Treasury Check		
<input type="checkbox"/> Duplicate Payment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	, 50-3013	
<input checked="" type="checkbox"/> No Fee Due (Explanation):	Ext. not necessary			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <i>John E. Johnson</i>		TITLE: <i>Pat. Att'y</i>		
SIGNATURE: <i>John E. Johnson</i>		PHONE: <i>232-2727</i>		
OFFICE: <i>4700</i>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <i>Alicia Miller</i>		DATE: <i>7/27/05</i>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B